



Retail Food Establishment Inspection Report

Floyd County Health Department
Telephone: 812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.
The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Care Cafe			Telephone Number 812-949-5501		Date of Inspection (mm/dd/yr) 4/9/2019	PERMIT # 18-365
Establishment Address (number and street, city, state, zip code) 1850 State St. New Albany, IN 47150						
Owner BHS, INC. / attn: Mark Truman			Purpose: 1. Routine		Follow-up NO	Release Date 10 days
Owner's Address			2. Follow-up		Summary of Violations:	
Person in Charge Sam DeCarlo			3. Complaint		C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input checked="" type="checkbox"/>	
Responsible Person's E-mail			4. Pre-Operational		Menu Type (See back of page)	
Certified Food Manager N/A - owned by hospital/exempt			5. Temporary		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
			6. HACCP			
			7. Other (list)			
<ul style="list-style-type: none"> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" 						
Section#	C/NC	R	Narrative		To Be Corrected By	
297	NC		Observed hard water/rust forming on ice chute and water spigot			
			Measured cold holding at 41°, so FCHD turned unit slightly colder			
Received by (name and title printed): Sam DeCarlo - Culinary Supervisor			Inspected by (name and title printed): A.J. Ingram (EHS)			
Received by (signature): <i>Sam DeCarlo</i>			Inspected by (signature): <i>AJ</i>			
cc:			cc:		cc:	